

THE LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

LUNSFORD P. YANDELL, M.D., and L. S. McMURTRY, A.M., M.D.,

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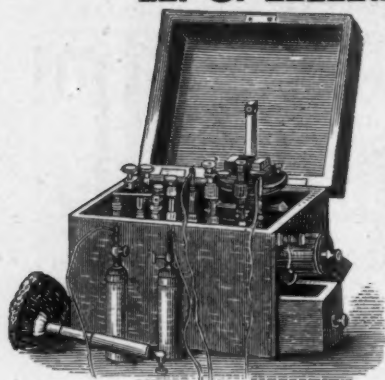
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"NEC TENUI PENNĀ."

Vol. XIV.

LOUISVILLE, NOVEMBER 18, 1882.

No. 21.

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L. S. McMURTRY, A.M., M.D., . . . } Editors.

DR. C. R. AGNEW AND THE NEW YORK CODE.

In our impression of the 21st ultimo, we made some critical comments upon an article in the New York Medical Journal and Obstetrical Review, by Dr. C. R. Agnew, of New York, entitled, The Limits of Medical Ethics. These comments have elicited a communication from Dr. Agnew, which will be found in another column of this number of the NEWS. It should not only be the pleasure, but the effort of journalism to present both sides of every question to the reader. Hence, we most cheerfully give place to the communication.

It will be observed that Dr. Agnew alludes to "the amended code" as now being in operation in the State of New York. To the credit of the profession of that great State it should be known that the county societies, with very few exceptions, have refused to give countenance or co-operation to the movement. We imagine the thoughtful reader will find no little difficulty in following Dr. Agnew through the premises which seem to have led him to the conclusion that to protect the public from quackery the medical profession should take the quacks into fellowship, and thus publicly recognize them as physicians worthy of confidence and affiliation. We can conceive no proposition more absurd. And again, our metropolitan confrere, admitting that the code of ethics of the American Medical Association has, "in its day," been of great value as a safeguard to protect the public

from quackery, claims that now the population of the country has so increased that it has become ineffective. It must be remembered that the question under consideration is one of ethics, and it must be conceded that what is right in a country of two millions is equally right and just in a population of fifty millions. The great principles of ethics and morals are immutable, and are altered neither by longitude or latitude, nor by growth of a population in heterogeneous elements. Our correspondent's explanation of the motives of the New York State Medical Society which led to a departure from the Code of Ethics will scarcely satisfy the thoughtful reader of his letter.

Dr. Agnew's remarks on the relation of specialists to freedom in consultations are, to say the least, remarkable. He claims that as a class they have less business interest in the question than any other members of our profession. We yield to none in our appreciation of the great advances made in almost every department of medicine and surgery by specialism. Of late years the science of medicine has been enriched by the labors of specialists. That their business is made up in great part of consultations with their medical brethren is a matter of common remark and general observation. Who can so thoroughly appreciate their special skill and knowledge as the general practitioner? While patients visit them at their option, and consultations, strictly so called, do not invariably occur, yet it is the family physician who, as a rule, sends the patient to the specialist.

Our correspondent discusses the entire subject of medical ethics from a standpoint

of policy. The question, simply stated, is this: Can a consultation between a physician and an irregular practitioner benefit the patient? The irregular either follows an exclusive system of therapy or trades in a special designation. Such a consultation can only be a consultation in name and not in reality. Away with such shams! Let us be honest to ourselves and honest to our patients.

But a little more than a year ago two distinguished, able, and influential members of the British Medical Association, in their official capacities and by a suspicious coincidence, endeavored to impose a similar movement upon that great body of physicians and surgeons. They met with a humiliating defeat. The same movement, inaugurated in New York soon afterward, has met the same fate from the profession throughout this great country. We have too much faith in the honor and intelligence of the profession in America to believe that the affiliation with fraud and quackery, advocated so persistently by Dr. Agnew and his associates, will receive either reconsideration or indorsement.

SULPHUR VERSUS MALARIA.

This substance, the *Lancet* pertinently suggests, may be prophylactic to malaria, since there are strong reasons for believing that malaria poison consists of low organisms, and sulphur is destructive of organic life. "In Sicily deposits of sulphur and intermittent fevers are both common, but occur for the most part at different elevations. In some places the sulphur deposits are found at a low elevation in malarial plains. In these districts the laborers in the sulphur works enjoy an almost complete immunity from intermittent fever, not more than eight or nine per cent suffering; whereas of the inhabitants of neighboring villages not less than ninety per cent are attacked. In some travels in Greece, published by M. Fouqué, is an account of the ruins of a large city (Zephyria) situated in a marshy plain, in

which it is impossible to pass the night without being attacked by ague. Three hundred years ago, it is said, the city contained forty thousand inhabitants and thirty-eight churches. Paludal fevers gradually destroyed the population. Twenty years ago only two hundred inhabitants remained, languishing and ill. They refused to leave the place, and the last of them died during Fouqué's visit. It is certain that malaria can not have prevailed to the same extent during the period at which the town was in its rise and full development, and it is also noteworthy that the soil beneath the town contains abundant deposits of sulphur which were formerly worked in the vicinity; and the decadence of Zephyria dates from the discontinuance of these sulphur workings. Moreover, Fouqué has noted another instance of the same relation. The marshy plain of Catania is traversed by the Simeto, and is infected by fever. On the western border of this plain are some sulphur works, at which are a number of inhabitants who suffer little, although a village not far away is deserted. In Ethiopia certain elephant hunters expose their naked bodies daily to a fumigation of sulphur, in the belief that this will preserve them from malaria; and certainly they enjoy an almost complete immunity from the disease, although some of the districts are so unhealthy that not long ago a whole caravan perished."

Sulphate of iron probably stands at the head of deodorants, and its disinfectant properties are generally acknowledged. Sulphurous acid gas is equally destructive to bad smells and vermin, and of its disinfecting powers we are convinced.

In this connection it will be remembered that the bisulphites have been claimed to possess marked anti-malarial power, and some enthusiastic germ-maniacs have contended that the power of sulphate of quinia lies in its element of sulphur. Aromatic sulphuric acid has sometimes done good in intermittents, and we have gotten remarkable results in these troubles from sulphate of iron and alum. Quinia in the Confederate States

Army was always scarce, and often absent from our hospital stores, and hence many substitutes for it were tried. The writer found the following quite reliable, though certainly not palatable: Dried sulphate of iron, 3 i; powdered alum, ʒ iv; make into twenty-one powders; one to be taken thrice daily. Many obstinate chronic cases were cured in a week, others in two weeks, and in others failure occurred. In dispensary practice, before and since the war, we have gotten similar results. In capsules the prescription might be rendered less unpleasant. The subject under consideration is one of vital importance to the whole world. Every where malaria is now being recognized as the most abundant, widespread, and polymorphous of the fever poisons. Regions of America and elsewhere in which malaria had not before existed, as it was claimed, have been ravaged by it during the past few years. For instance, in localities in Rhode Island and Connecticut this is the case. While it is probable that malaria has existed all the time to some extent, though maybe in masked and comparatively mild forms, yet the medical profession of Newport and of New Haven could scarcely have failed to recognize intermittent fever as a common disease among them, had it prevailed in the past to any thing like the extent it has of late years.

Scurvy, a terrible scourge of days gone by, since the introduction of the potato and the more extensive consumption of fruits and vegetables is almost unknown. Leprosy and the plague, both prevalent at one time in the better portions of Europe, are now even rarer than scurvy, thanks to drainage, more abundant and better food, and improved ventilation. Smallpox a century ago every one was liable to, and now its possible prevention is almost universal. But malaria, although both preventable and curable to a large extent, remains a potent and almost omnipresent pestilence.

In our advertising pages will be found the announcement of the New York Poly-

clinic, a new school for medical practitioners. Its corps of instructors includes a number of well-known writers and practitioners in special departments. The lectures are altogether clinical.

The proposed journal of the American Medical Association may now be regarded a certainty. A sufficient number of subscriptions are assured to justify the Board of Trustees in taking steps for the publication of the first number on July 1, 1883.

On the 14th instant no new cases and no deaths were reported at Pensacola from yellow fever. This is the only intermission which has occurred in the epidemic, which began on September 3d.

MISCELLANY.

SPACE ABOUT HOUSES.—During the past eleven years the death-rate in Ashton-under-Lyne has varied from twenty-three to thirty-one per thousand; only about *four fifths* of the infants born have completed *one year* (The Lancet), and only about *two thirds* of them *five years* of life. Diarrhea has been exceptionally fatal, and the large general mortality has been to a great extent the result of those zymotic diseases which are known to flourish and commit the greatest ravages in places where filth abounds. There are many conditions in Ashton which have contributed to this serious result, but one above all others is striking, and it is the more worthy of note because when once it has been allowed to come into operation it is all but impossible to get rid of it, except at a cost which must often be regarded as prohibitory. We refer to the overcrowding of houses on space. . . . No greater mistake than this can be made. A definite amount of open space should always be insisted on at the rear of each dwelling, however much additional area may be desired at the side; and the space at the back, which should be absolutely free from buildings, should, even in the smallest houses, never be less than one hundred and fifty square feet. The evils attendant upon a stagnant atmosphere about houses are not sufficiently

recognized, although there is already reason for believing that it is a principal factor in the production of much preventable disease and death; and when to stagnation there is added the further evil of pollution of atmosphere, the result is probably especially fatal to the infant population.

DELIGATION OF THE COMMON CAROTID.—Weljaminow, of St. Petersburg, has collected thirty-three cases (*Deutsche Med. Zeit.*), in which the common carotid was tied. The artery was ligatured four times for hemorrhage due to wounds, once for angioma, fifteen times for malignant tumor, for or during operations on the head eight times, four times for operations about the neck, and once for aneurism (Brasdor-Wardrop's method, *i.e.*, ligature on distal side of sac). The right artery was tied eighteen times, the left fourteen (*sic*); eighteen times in men, fifteen in women. The age of many of the patients (fourteen) was between fifty and sixty; in two cases, however, the age was seventy-two, and in one only twenty-one months. These last three patients got over the operation very well. The wound healed by first intention sixteen times. Erysipelas and secondary hemorrhage were each observed once only. To prevent the occurrence of cerebral disturbance the artery was systematically compressed some days before ligature. Eleven out of the thirty-three patients died soon after the deligation (33.3 per cent), but for statistical purposes only twenty-five (? twenty-three) are available, of which one died, giving a mortality of 4 per cent. The author has collected yet other twenty cases, all treated antiseptically, and all recovered. In conclusion, the writer dilates on the importance of a double ligature, between which the artery is divided.

LADY COMPANIONS FOR THE INSANE.—Dr. Rees Philipps, in his reports on the Wonford Lunatic Hospital for the Insane, at Exeter (*The Medical Press*), strongly advocates the appointment of educated ladies as companions to the inmates of the female departments of asylums for lunatics of the upper and middle classes. Every hour that he spends in the female wards of the hospital under his charge strengthens his conviction of the beneficial influence on lady patients of kindly companionship and the nursing of gentlewomen. A certain proportion of lady nurses has been introduced into that admirably-conducted registered hospital—Barnwood House—at Gloucester, and the medical

superintendent, Dr. Needham, is satisfied that he obtains more work from these lady-nurses, and at no increased cost, than from nurses drawn from the domestic servant class. If this opening for useful and meritorious work was more widely known than it is at present, many gentlewomen, of suitable position and temperament, would doubtless avail themselves of it. The emoluments offered are not large; but an honorable livelihood and interesting occupation are not without their attractions.

HIS MISFORTUNE, NOT HIS FAULT.—Fair play and no favor has been repeatedly stated to be all that is desired by the friends of the women physicians in their competition with the sterner sex; but this principle was hardly exemplified last week, when the committee in charge of Blockley Hospital dropped a gentleman of the medical staff, who had faithfully served and had long been identified with the institution, for the sole purpose of making room for the appointment of a doctress who desired his position. In order that the issue with the profession might be fairly joined, the board passed a series of resolutions to the gentleman (whose sex appears to have been his misfortune, though not his fault), assuring him in complimentary terms that he lost his position not from any neglect of duty, nor from personal objections, but solely for the reason stated. Without discussing the obvious complications arising from a mixed staff, we merely observe that it is such questionable victories as these that injure the cause of true reform, and usually yield but a temporary and doubtful advantage to those who immediately profit by them.—*Philadelphia Medical Times*.

GRAFTING SKIN FROM A RABBIT.—Dr. La-mallerée, of Paris, has recently successfully employed grafts from the skin of the rabbit to excite cicatrization in a varicose ulcer of the leg, which had resisted all treatment for six years. Bits of skin from the belly (previously shaved) of a rabbit were grafted, and in eight days the pieces had taken root. In eight days more an island of new skin was to be seen, ten centimeters long and seven wide, in the center of the sore. The healing was complete, and the newly formed skin evinced no evidence of its origin.

In storms of controversy there is nothing to be found but the billow that moves to mischief and the foam that disappears.—*Paget*.

PRESERVATION OF DEAD BODIES FOR IDENTIFICATION IN FRANCE.—Every corpse that is taken to the Morgue is now quickly converted into a block almost as hard as stone. This result is obtained by Carré's chemical refrigerator, which is capable of reducing the temperature of the gruesome "conservatory," where each body is laid out on something closely resembling a camp bedstead in stone, to 15° below zero, centigrade. At the back of this *salle* is a row of stove-like compartments in which the corpses are boxed up and frozen hard before being exposed to public view. As an illustration of the intense cold thus artificially secured, a Paris journalist, in describing a recent visit to the Morgue, says that in opening one of the compartments the attendant took the precaution to wear a glove, lest "his hand should be burnt by contact with the cold iron." The corpse, which was taken out of its receptacle, had been there nine hours. During the experiments which preceded the adoption of the new system, corpses in this frozen state were actually thrown about; but although they made *un fracas terrible*, they were "not in the least damaged."—*Medical Times and Gazette*.

TUMORS OF THE FOURTH VENTRICLE.—M. M. Spillman and Schmitt, professors of clinical medicine at the Faculty of Nancy, publish in the *Archives Générales de Médecine* (Brit. Med. Journal), a paper founded on one hitherto unreported case, and on thirty cases already published. Tumors of the fourth ventricle vary extremely in symptoms; diabetes mellitus or insipidus is the only symptom which appears to be directly in relation with the ventricular lesion. Diagnosis is impossible unless there be, besides diabetes, the usual manifestations of a cerebral tumor combined with symptoms of disease of the medulla or pons Varolii such as internal strabismus, dysphagia, deafness, and paroxysmal paralysis; and frequent vomiting, without cerebellar symptoms, must be present.

THE recent fireworks accident in Fairmount Park, by which nearly a score of persons were killed and wounded by the premature explosion of fireworks, has caused the Mayor of Philadelphia to declare that no such exhibitions shall be allowed hereafter.

THE health of Paris is at present exceptionally bad; typhoid fever being fatally prevalent.

ORANGE WINE.—A writer in the Semi-tropic California describes his experience in making orange wines from the wild orange of Florida, and sold when only eight months old for \$3.00 per gallon. The oranges must be perfectly ripe. Peel, cut in halves crosswise, and squeeze. The press must be so close that the seeds can not pass into the must. Add two pounds of white sugar to each gallon of juice. Close fermentation is necessary. The wine is amber-colored and tastes like dry hock with the orange aroma. Vinegar can be made from the refuse, and extract from the peels.

DR. W. ST. GEORGE DAVIES died at Brighton a few days since. Nearly eighty years ago he was attached to the Royal Navy, and was engaged as surgeon on board ship in nearly all the historical battles of that period. He had reached the patriarchal age of ninety-six.—*The Med. Press and Cir.*

DR. C. C. GRAHAM, of our city, celebrated his ninety-ninth birthday some weeks ago. He long since retired from practice, being (a rare thing among American doctors) a gentleman of wealth. His youngest son, aged seventeen, is now studying medicine at the University of Louisville. Dr. Graham is in a comfortable state of preservation. His eyesight is good and his teeth show no injury either from attrition or decay, and he is a vigorous walker. He is quite deaf, but he does not attribute this to age.

TYPHOID FEVER—A DISCOVERY.—Dr. H. Baker presented to the Michigan State Board of Health two diagrams showing for the years 1877-1880 the relations of deaths from that disease to population, from which it appears that the common opinion among physicians, that this disease prevails mostly between the ages of eighteen and thirty-five, and that there is little danger after forty, is not sustained by facts. A greater proportion have typhoid fever at the ages between *sixty* and *eighty* than at any other age in life.

A HIGHER DEVELOPMENT.—The New York Medical Journal and Obstetrical Review, its editor Dr. Frank P. Foster, announces that it will, from the first Saturday in January, 1883, be published weekly instead of monthly. So must all the monthlies do eventually.

A CASE of recovery after a broken neck is reported by C. Jordison, M. R. C. S., in the *Lancet*.

ARSENIC used internally is believed by the natives of India to have power to turn the hair black. Surgeon Deakin, of Allahabad, in the *Lancet*, October 21st, describing a severe skin disease which terminated in cure under arsenic, he says: His beard, which had fallen out, has grown again thick and long, and is quite black, as is also the hair on his chest, which has grown again luxuriantly. Before his illness the hair was nearly white. The hair on his head and in his mustache is now abundant, and of a dark gray color.

RACE IMPROVEMENT.—Comparing the statistics of factory children in 1833 with those of 1873 in England, it is found that children of ten years of age now are as tall of stature and as heavy as children of eleven years of age were forty years ago.—*The American Medical Weekly*.

HEADS—According to Mr. Tuckett, Lord Chelmsford wears a $6\frac{1}{2}$ hat only, and the sizes of prominent people he gives as follows: The late Dean Stanley, $6\frac{3}{4}$; Lord Beaconsfield, 7; the Prince of Wales, 7; Charles Dickens, $7\frac{1}{8}$; Lord Selbourne, $7\frac{3}{8}$; John Bright, $7\frac{3}{8}$; Lord Russell, $7\frac{1}{4}$; Macaulay the historian, $7\frac{3}{8}$; Mr. Gladstone, $7\frac{3}{8}$; Thackeray, $7\frac{5}{8}$; Louis Philippe, $7\frac{3}{4}$; M. Julien, the celebrated musical conductor, $7\frac{3}{4}$; and the Archbishop of York, 8.—*Ibid*.

RECTIFYING an error in business is a duty incumbent upon all, editors included. When the *Weekly* was commenced it was believed that it could be issued for \$2.00 a year, but this was an error, and it must be rectified at once. The subscription price hereafter will therefore be \$3.00. All who have paid \$2.00 will receive 52 numbers, but new subscriptions and all renewals will be at the rate of \$3.00 annually. The occasion is embraced for thanking all of the subscribers for their support and for asking a continuance of it.—*The American Medical Weekly*.

FEMALE OBSTETRICIANS AT THE PHILADELPHIA HOSPITAL.—At the recent election of visiting physicians at the Philadelphia Hospital, Blockley, two female physicians were appointed by the Board of Guardians on the Obstetric Staff of the Hospital.—*Medical News*.

"He lies like a tombstone, and is as impudent as a newspaper," is a German proverb.

IODOFORMOMANIA.—We are delighted to copy the following from the *Medical Times and Gazette*. We saw this substance fairly tried in the wards of the St. Louis Hospital in Paris in 1867, and saw it prove useless in chancres and other sores, and not only not a local anesthetic, but an irritant in ulcers, hemorrhoids, etc. Its chief power is its odor, though it is no feeble poison. It is the very Samson of bad smells, though not much worse, possibly, than bisulphide of carbon, and not so indecent an odor as valerian it is more persistent than any thing. Certainly if bacteria possessed sensitive olfactories they would flee from it; but, low-lived things, they seem not to mind it. Iodoform is worthy to furnish the front name for the mental aberration referred to.

Under this title the *Presse Médicale Belge* has an amusing article declaring that, although undescribed by alienists, a disease exists which has committed great ravages, and especially in Germany. It may bear various names and appear in various forms, but at bottom it is always the same thing—a mania for a new medicine, leading to the unreflecting employment in all kinds of diseases, and for the fulfillment of the most opposite indications, of any remedy that has been recently discovered or has been revived into vogue. We saw a few years ago what happened with pilocarpin, which was so enthusiastically prescribed for every malady, and was expected to cure every thing, even hydrophobia itself. Now it is iodoform which is taking the round of pathology. We have only to glance at the German journals to see what is expected from it by our learned neighbors. Not content with employing it for wounds in every stage of their progress, for syphilis, and for diseases of the eyes and ears, it is used internally for diphtheria, ulcer of the stomach, diabetes, and tuberculosis; while, as with many it has acquired the reputation of destroying microbes, in the present rage for parasitic theories of disease it bids fair to successively invade the whole province of therapeutics. In the meantime thirteen deaths are known to have occurred by its agency, and these are not the only ones. Some one has said, "Use a remedy while its curative power remains;" but for iodoform it will be more prudent to delay joining in this mad employment of it until it has ceased to kill.

A HAPPY THOUGHT.—A Chicago doctor recently delivered a woman of a baby while the mother was on her way from Boston to St. Louis. In the form for return of births of the board of vital statistics of Illinois the physician is required to state the father of the child. This being impossible for either mother or accoucher to state, the latter filled the blank with *E pluribus unum*.

COTTON-SEED oil for cooking, and glucose for preserving, are likely to come into general domestic use, both being toothsome and wholesome.

Original.

THREE RECTAL CASES.

BY JOSEPH M. MATHEWS, M.D.

Professor of Surgical Pathology and Diseases of the Rectum, in the Kentucky School of Medicine; Visiting Surgeon to the Louisville City Hospital, etc.

The writer desires to "tell his experience" in the management of a few cases in special practice which have lately fallen under observation and treatment. Unique they may not be, but I am sure they will prove interesting to those who may have had similar experience.

CASE I. A young man, about twenty years of age, plumber by trade, came to my office several weeks ago complaining of loss of blood from the rectum. He stated that at every stool he would pass from two to six ounces of pure, bright blood. No admixture with any thing. No other symptom. Had a good appetite, slept well, no aches or pains. Had no fever, but complained of feeling *weak*. In general appearance he was anemic. Gave no history of piles or other rectal trouble. The introduction of the finger elicited no pain, and the first examination with the speculum (Sims) failed to reveal any unnatural condition of the rectum. Acting upon general principles, I ordered him to introduce into the bowel each night a suppository of sub-sulphate of iron, and to take internally the muriated tincture in decided doses. He reported to me at the end of three or four days, unimproved. To be prudent, I examined him again with the speculum, this time using Cook's anal speculum. By this means at least three inches of the gut was exposed in its entire circumference. Situated laterally, a little to the right, about one inch and a half above the internal sphincter muscle, I detected what appeared to be an *abrasion* of the mucuous membrane, a spot no larger apparently than the head of a common-sized pea. From this spot blood was escaping. I took a glass rod, dipped it in pure carbolic acid, and applied it to the part, taking in some of the surrounding membrane. All treatment other than this was suspended, and the patient was ordered to report the next day. He did so, and stated that all hemorrhage had ceased. He was kept under observation for several weeks, but there was no return of the trouble.

CASE II. I was sent for to go to an interior town in Kentucky to see a young lady patient. Upon my arrival I found that the

two attending physicians were not agreed in diagnosis of the case, one contending that the patient had typhoid fever, the other that it was purely a local trouble confined to the rectum. Under these circumstances, which were any thing but pleasant to me, both consented that I should be sent for. I preferred not to hear a history of the case before an examination of the rectum was made other than that the patient had been confined to bed for three weeks, and chief among her symptoms was loss of blood from the rectum. Like Case I, this patient gave no history or symptom of rectal trouble save the one named. Upon the introduction of the speculum (under chloroform) two surfaces, one on each side of the gut, measuring about one inch in diameter, were discovered, from which the mucous membrane was denuded, and a smaller space bearing upon the perineum, from which the epithelium was peeled. The pressure caused by the distension of the bowel produced an oozing of blood from these surfaces sufficient, I am sure, to account for the loss of blood complained of. I scarified the surfaces freely and applied pure carbolic acid, directing that another application should be made the following day. The hemorrhage ceased after the first application, and the anemic condition was soon dissipated by the administration of iron, quinine, malt, wine, etc. The local trouble was watched until entirely healed. The history of the patient, learned after the operation, was about this: She had complained of pain over the region of the abdomen for several weeks; was listless, and not disposed to pursue her studies; the bowels would move three to eight times daily, and contained blood, though the exact amount could not be determined. Physician No. 1 seeing her at this time ordered her to bed, and pronounced the case typhoid fever. Although astringents and opiates were given, the discharge of blood continued, when physician No. 2 was called, and located the disease, as stated, in the rectum. I was unable to get a register of the pulse and temperature, as none had been kept, but it is safe to say that they had not been much away from normal during the attack for the reason that I saw her at the end of the third week, and with the exception that the pulse was accelerated by motion or excitement, both were natural.

CASE III occurred in the practice of my friend Dr. H. H. Grant, of this city. The patient, a married man, about thirty years

of age, complained to the doctor of passing blood from the rectum, his bowels acting as often as eight or ten times in the twenty-four hours, but accompanied with no pain. The doctor at first prescribed the usual remedies under such circumstances, telling the man to return home and assume the recumbent posture, and that he would see him the following day. Upon his visit and after an examination of the case he suspected that the trouble was purely local, although the patient insisted that he had *flux*. On the third day I saw the case with Dr. G., and the introduction of the speculum revealed a *raw* surface dorsally situated, very much in appearance like Case II. This was freely coated with pure carbolic acid. All discharge of blood ceased after this, and the patient was allowed to get up the next day.

It will be observed that I used the pure carbolic acid as the application in each of these cases. It is certainly to be given the preference over all other remedies where it is necessary to apply to the mucous membrane of the bowel. It causes but little if any pain, does not cause a slough and is free of producing any dangerous condition.

Remarks. Case I reveals the fact that serious trouble may arise in the rectum from a very slight cause, and may just as easily be overlooked. An arteriole was evidently ruptured in this case, perhaps from a very simple cause, as the passage of hard feces, straining at stool, or heavy lifting. True, it might have ceased without interference, but the loss of blood might have been sufficient to endanger life.

Case II illustrates how an error may occur in such a case when a careful analysis of the same is not made. How this case or one similar to it could be pronounced typhoid fever if a careful register of the pulse and temperature is kept, together with a history of the case, I can not imagine, but that it has been done in more instances than one I am sure.

Case III evinces the fact that a discharge from the rectum *per se* may be mistaken for dysentery. Fortunately in this case the attending physician was a careful diagnostician, and did not yield to the patient's idea of the case. Several years ago I reported a case falling under the observation of an eminent physician here that had been diagnosed by several practitioners as dysentery which was in reality hemorrhage from a capillary pile. The delay in a proper diagnosis came near costing the patient his life.

LOUISVILLE.

Correspondence.

DR. AGNEW ON THE NEW CODE.

Editors Louisville Medical News:

I know that you will be glad to do justice to the Medical Society of the State of New York in considering its amended code adopted at the meeting in February, 1882, and now in operation throughout the State. The two clauses in that code, which have called forth adverse criticism by you and other influential journalists, are as follows: "Members of the Medical Society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity."

The assertion that the new code was the work of a "knot of specialists" is groundless. For many years the conviction was growing in the minds of many of the most thoughtful and observant members of the society that the profession, as well as the public, got no real advantage from the old proscriptive code, but ignorant practitioners and quacks did. Helped in their privacy by a cry of persecution, they continued to gain, year after year, a stronger hold upon the sympathy and patronage of the vast mass of the ignorant. The conviction among thoughtful men had become rooted that if the advocates of rational medicine were to hold their ground or make any progress against quackery and medical incompetency, it would only be by leading legislators to enact registry and other laws which would compel all classes of practitioners to show their titles to practice, and to qualify under the laws. Hence the emphasis given in the first clause of the new code to the phrase "legally qualified practitioners." It enrolled all who had complied with the prescribed conditions in one body against outlaws. Of course we knew that that step was only the initial one, and that there were many desirable things still to be done; that legislation would be very insufficient at first, but that the public must be taught to protect itself and to perfect legislative measures to that end.

This awakening by the people all over the country was manifest. In nearly twenty States and territories laws more or less effective in mitigating the evils of quackery

had been recently passed. Much had been done, it is true, in earlier days by our profession to protect the public, and the old code had in its day been of great value as one of the few safeguards. But when the population of the country began to grow with marvelous rapidity, and heterogeneous social elements to pour in upon every community, the medical profession with its prescriptive code could do very little that was effective to oppose the tide of charlatany and medical incompetency. It could do much in its medical schools to advance the standard of education, and thus supply more and better physicians; but the agency of the State came to be more essential in mitigating the evils of quackery and medical incompetency, and in providing and enforcing sanitary laws.

I have thus, in a few words, hinted at what I believe to be the ruling motives which influenced our State Society to act. And furthermore, many of its members believed that the tone of the profession would be vastly improved if liberty of conscience and judgment were fully accorded to the members of the only one of the three learned professions still not fully in possession of it. And this idea was very influential in forming the new code and in its adoption by the society.

A single word about the relation of specialists to "free consultations." As a professional class they have less business interest in the question than any other members of our profession. Patients visit them at their own option, or upon the suggestion of a medical man, to get the opinion of an expert. Consultations, strictly so called, with medical men seldom occur. The specialist's function is to form and express an authoritative opinion, or to do a particular operation, as the case may be. The idea that a "knot of specialists" or any one specialist has a selfish interest in sweeping away restrictive codes springs from a mistake as to the relations of specialists to the medical profession and to the public, and a false estimate of their character and power. No class of medical men has done more for the true elevation of the profession than specialists, and no class has lived in stricter obedience to the laws of medical etiquette; and this too in the face of the fact that they are constantly called upon to conceal with the mantle of charity the ignorance of their professional brethren, not unmindful, let us hope, that they may, in turn, need the same covering.

You may ask what do we expect will fol-

low practice under our new code? Less acrimonious criticism of legally qualified doctors; more careful study of those things which will raise the standard of medical education and character; more activity in those fields of State and national politics which include the great sanitary interests of the people; more vigilance in pursuing medical outlaws; more diffusion of light to educate the people, to lessen irrational credulity, and to reveal the tricks of incompetent or dishonest medical practitioners. It will force us, as a profession, to combine with legislators to protect the people, and become a greater factor in social and sanitary questions.

I leave many points not discussed, as I fear I may have already taken too much of your valuable time. C. R. AGNEW.

NEW YORK CITY, Nov. 7, 1882.

HOMEOPATHY IN STORY.

Editors Louisville Medical News:

Multiform are the devices resorted to by our homeopathic brethren to attain notoriety. Whatever else they fail to study, it must be admitted that they are diligent students of the weak points in human nature. They subsidize the press (at so many cents per line); they enlist the good will of Lady Bountifuls by providing them with a pocket-case and book of directions; and now they try a new field—the novel. Mr. Howells and Miss Phelps have entered the lists in defense of the "new schools," and it is a curious coincidence, to say the least, that each has selected a lady physician as the representative of this form of quackery.

I have nothing to say about "Dr. Breen's Practice," or "Dr. Zay," as literary productions, except this, that stories written with a purpose are always failures—necessarily so. A temperance tale never helps the cause it advocates, and the too obvious animus spoils the story. Religious novels are notoriously dreary reading; and this experience of these two talented writers (for they have both written really good stories) proves that a partisan medical novel is no exception to the general rule.

What we are most interested in is the circumstance that two able writers have nothing better to bring forward than the antiquated twaddle which has done duty so long that it must be hard work even to vamp it. Only on the principle that a falsehood well stuck to may finally come to

be credited can we account for the persistence with which homeopathsists assume that non-recognition of their claims is "monstrous, atrocious, inhuman," and "wretched bigotry." Big words, Mr. Howells. Possibly too big to pass muster.

Amateur advocates forget that this is not a question of opinion at all, but one of practice. If homeopathy is right, we must be wrong; and the only question for a conscientious physician to decide, when asked to consult with a disciple of Hahnemann is, Will such consultation be of any benefit to the patient? It may, indeed, prove a pecuniary benefit to the irregular practitioner to be recognized as a genuine physician, under cover of which recognition he may deceive a larger number; but we can scarcely be expected to lend our aid in such a scheme, and according to the "new" school such a consultation could not help the patient. We are fundamentally wrong; we have no "system;" our drugs are poisons; our very surgery, on which we pride ourselves, an admission of failure.

In order to understand this question of bigotry it is necessary to perceive that homeopathsists constitute a sect the practitioners of which may fairly be divided into two classes, a small body of enthusiastic, weak-minded devotees who really believe in it, and a much larger section who join the sect for the sake of the spoils, and really have as little faith in infinitesimals as we have. I grant the difficulty of conceiving how any man or woman outside a lunatic asylum can honestly believe in homeopathy; but when we examine other sectarian absurdities the difficulty lessens. Like the poor Irish woman who, after listening to a learned argument against transubstantiation in which her opponent proved that the thing was impossible, replied, "I believe it all the more, sir, because it is impossible." A system founded on fancy or fanaticism owns no allegiance to reason, and does not even profess to be bound by its rules.

Now comes the question, Is it "wretched bigotry" to refuse to consult with a genuine sectarian enthusiast? Of course, the patient's friends have a right to employ whom they please. If they believe in mumbo-jumboism, and are willing to run the risks, that is their lookout. But what right have they, on the plea of "wretched bigotry," or any other plea, to drag me in as a participant and encourager of this medical suicide? None whatever, and the adherents of homeopathy may howl till doomsday without

convincing me that it is my professional duty to do so.

As for the other, and, I fear, much larger class who do not believe in the thing at all, except as a convenient method of acquiring an easy livelihood, it surely does not require a lengthy argument to show that there can be no bigotry in refusing to consult with *them*. Medical Bedouins have no rights which a physician is bound to respect, except the right of being excluded from good society. We object to being made their shoe-horn.

Of the two novels "Dr. Breen's Practice" is freer from manifest absurdities than the other. Mr. Howells, however, does not seem to know that a laryngoscope is not an instrument in "habitual use" by country practitioners—seldom, indeed, owned by one of that class. Perhaps he meant a stethoscope. As for "Dr. Zay," it fairly bristles with errors and improbabilities. It will be news to most of us that aphasia means "loss of hearing!" When we inquire for the distinguished surgeons in the homeopathic ranks, echo answers, Where? The number of surgical tyros even must be small for various reasons, and on neither continent do their ranks include a single surgeon of eminence. Surgery is not a fruitful field for quacks. The sinister result often crops out a little too plainly for bunglers. Better stick to globules; for from nothing comes nothing, not even blame or the chance of an action for malpractice. Infinitesimals only need faith and cheek, but surgery needs skill—tangible skill, which the veriest dolt can appreciate. It will take something more than two love-stories to convince the public that homeopathic practitioners are competent surgeons. W. S. B.

STONEHAM, MASS.

RECENT MORTALITY IN YELLOW FEVER.—

In a recent communication to the editors of this journal, Dr. F. Peyre Porcher, of Charleston, S. C., well known to the profession as an accomplished writer and clinician, says: "I do not see why the mass of the profession should persist in regarding yellow fever as a necessarily fatal disease, since the records of the present epidemic in Pensacola show comparatively few deaths in proportion to the number of cases. Properly treated from the very inception of the disease, I have long considered it a curable malady, in the sense in which that term is commonly applied."

Books and Pamphlets.

A STUDY OF SOME OF THE PHENOMENA OF MIND; the Annual Address before the Medical Association of the State of Alabama. By Peter Bryce, M.D., Superintendent Alabama Insane Hospital at Tuscaloosa. Extracted from the New Orleans Medical and Surgical Journal.

A GUIDE TO THERAPEUTICS AND MATERIA MEDICA. By Robert Farquharson, M.D., Edin., etc., enlarged and adapted to the U. S. Pharmacopoeia by Frank Woodbury, M.D. Philadelphia: Henry C. Lea's Sons & Co. 1882.

SPEECH AND ITS DEFECTS. By Samuel O. L. Potter, M.A., M.D., being the Lea Prize Essay of the Jefferson Medical College. Philadelphia: P. Blakiston, Son & Co. 1882. For sale by John P. Morton & Co., Louisville.

THE OLEATES AND OLEO-PALMITATES IN SKIN DISEASES. By John V. Shoemaker, M.D. Advance sheets of the Transactions of the American Medical Association for 1882.

THE THERAPEUTIC ACTION OF POTASSIUM CHLORATE. By John V. Shoemaker, M.D. Advance sheets of the Transactions of the American Medical Association for 1882.

THE TREATMENT OF SYPHILIS WITH SUBCUTANEOUS SUBLIMATE INJECTIONS. By John V. Shoemaker, M.D., Philadelphia. 1882.

SOME POINTS ON THE ADMINISTRATION OF ANESTHETICS. By George H. Rohé, M.D., of Baltimore.

Selections.

Antiseptics in Phthisis.—Dr. William Porter, Physician to Throat and Lung Department, St. Luke's Hospital, St. Louis, thus summarizes:

Proven, it seems to me, are these two propositions, (1) Phthisis is a specific disease from a specific cause. (2) Phthisis may be produced by absorption of tuberculous matter in contact with the mucous membrane of the air-passages or intestinal tract.

There is also evidence that the energy of this tuberculous matter is due to germ development and progression. Hence the value of antiseptic influence in the treatment of phthisis, not only in the later stages during pus production and absorption, but also in the earlier process of infection.

One great demand is for that which, by local and internal use, may meet and destroy the septic agencies of disease. Such a remedy must be effective, unirritating, and non-poisonous, susceptible of ready dilution and easy absorption, and withal inoffensive in odor and taste. Carbolic acid and iodoform do not fully meet these requirements, and less harmful, yet no less potent means of antagonizing contagion and putrefaction are finding favor.

The compound known as Listerine has for nearly two years served me better than any other remedy of its class, and, in the treatment of phthisis, has almost supplanted in my practice all other antiseptics. In treatment of diseases of the upper air-passages it is

pleasant and does not irritate; in the fermentative dyspepsia so often accompanying phthisis it is safe and efficient. It is the most powerful non-toxic antiseptic I have yet found.—*Lancet and Clinic.*

A Year's Record of Nerve Stretching.—Dr. Bastian, of University College Hospital, reports two cases of locomotor ataxia (Alienist and Neurologist). The operation was done by Mr. Marshall, who cut down on the sciatic at the middle of the thigh, and hooking his finger under it, thoroughly stretched it. In the first case, operated on February 5, 1881, the result was improvement in the sensation and motion of the limb, which was accompanied by considerable elevation of temperature in the part. In the second the improvement was very slight, and the rise of temperature small.

Brown-Sequard first called attention to this increase of temperature, which is explained by the partial vaso-motor paralysis. The improvement of nutrition caused by the increased vascularity of the part probably explains the benefit to motion and sensation which often follows the operation.

Dr. G. M. Hammond reports a case of athetosis relieved by nerve stretching, in Transactions of American Neurological Association, 1881. The median nerve was slightly stretched near the middle of the arm. On coming from under the anesthetic the patient could hold his fingers in any position he wished, and has had no return of the disease since. The patient had been suffering from pain in the foot and epileptic attacks. The first was entirely relieved and the latter much lessened.

Dr. Julius Althaus, in British Medical Journal of January 7, 1881, cites five fatal cases of nerve stretching in tabes dorsalis. He thinks that the cause of death in most of these was shock to the medulla oblongata caused by undue violence.

Mr. R. M. Simon, in British Medical Journal of February 23d, has done this operation in a case of infantile spinal paralysis. The nutrition and motion of the limb were both much improved.

Mr. F. A. Southam, in Lancet of August 27, 1881, reports two cases of clonic spasms of the sterno-mastoid and trapezius muscles, in which the spinal accessory nerve was stretched. In both cases there was slight temporary relief.

Dr. W. J. Morton, in Medical Record of March 4, 1882, has (1) Stretched both sciatics in a case of lateral sclerosis with marked relief. (2) A case of paralysis agitans, the left sciatic stretched with slight improvement. (3) A case of athetosis, ulnar and median nerve stretched with great improvement, only slight numbness of hand and occasional twitching of the thumb remaining. (4) A case of chronic transverse sclerosis, both sciatics stretched; temporary, but no permanent benefit. (5) Sciatic neuralgia cured by stretching the nerve. (6) Reflex epilepsy. Touching the right side of wound caused an attack; the brachial plexus was stretched and the number of seizures diminished.

Thiersch is reported by Dr. G. S. Walton, in Boston Medical and Surgical Journal, to have stretched both sciatics in a case of spastic spinal paralysis, one of spinal paraplegia, and two of tabes dorsalis, all without benefit, even the shooting pains in the last remaining as before. M. Berger, *Le Prog. Med.*, No. 11, 1882, has had great success in a case of paralysis agitans from stretching the sciatics.

Fieber, *Allg. Wien Med. Zeitung*, 1881, No. 50, describes a new method of stretching the sciatic.

The ankle is superflexed, the knee extended, and the thigh is then forcibly flexed on the abdomen. By this method the benefits of the operation can be obtained without many of its dangers, and it can be repeated when necessary.

Dr. J. W. Chambers has done subcutaneous nerve stretching in three cases of sciatica with marked success. Dr. G. H. Branham, in Medical Chronicle.

Hereditary Alcoholic Insanity.—Dr. Lewis D. Mason's analysis of six hundred cases of alcoholic inebriety reveals the history of immediate or ancestral inebriety in two hundred and nine cases.—*Ibid.*

The Origin and Natural History of Tuberculosis.—Dr. Satterthwaite, of New York, in the Medical Times:

1. Tuberculosis is a disease that fairly deserves the name hereditary, for it attaches itself to certain families throughout many successive generations. It is most apt to attack those members who are deficient in physical vigor from whatever cause.

2. The most distinguishing characteristic of tubercle is the occurrence in the tissues of minute, bright, glistening, translucent particles, that have been called military tubercles, granula, granulations, etc.

3. They are the result of an inflammatory process, because they can be produced by the introduction of mechanical irritants into the system.

4. When these minute bodies coalesce to form larger bodies and undergo a change of color, they are known as crude or yellow tubercles.

5. Some of them contain the reticulated tissue that has been called adenoid, because it resembles the retiform tissue of lymphatic glands. As the military tubercle advances in age, one or more large multinuclear foci may be found either at the center or periphery of the nodule. Sometimes Scheuvel epithelioid corpuscles are found, sometimes lymphoid elements, and sometimes fibrous tissue; but no one of these tissue-elements, which belong to the connective-tissue series, is pathognomonic of tubercle.

6. The lungs and serous membranes are most frequently attacked, and it is here that the natural history of tubercle is studied to the best advantage. In other regions of the body there may be modifications of the tubercle, so that its distinctive character is difficult to demonstrate.

7. In the gradual development of these bodies they undergo caseous change at the center, which phenomenon is another marked feature of tubercle. Still, in some instances, we have reason to suppose that the military tubercle may become organized, and thus a cure result.

8. Tubercles are rarely found without more or less contiguous inflammation, which, within the lungs, may be classed as a pneumonia. It is the infiltrated tubercle of Laennec, the catarrhal pneumonia of Niemeyer, or the desquamative pneumonia of Buhl. It may perhaps be protective in some instances, serving to wall off a caseous process, thus preventing it from becoming disseminated, or it may eventually itself participate in the same process, and lead finally to necrosis of the lungs and the production of cavities.

9. Tubercles may be confined to a limited area and a single lobe of the lung, or a single lung, or they may be diffused pretty equally in different organs. Generalized, disseminated, or secondary tuberculosis is the most dangerous and malignant, and is probably due to transmission of the disease by the lymphatics

or blood-vessels, usually the latter. In this secondary form the first manifestations are the gray granulations, as they are also in the primary form.

10. Tuberculosis is inoculable, producing its kind if it produces any thing, but other substances will also, in a certain number of cases, produce the same apparent lesions; in fact, not only any organic substance that is capable of physical deterioration, but also a variety of non-organic substances.

11. There is some good evidence favoring the theory that consumption is contagious—*i. e.*, that it is capable of propagation by cohabitation, or, in other words, close association with persons who have the disease.

12. The morphological differences between the form of phthisis of the domestic animals and that of the human being are such as to put us on our guard against forming hasty conclusions from a comparison between them.

13. It does not appear that we have good grounds for believing that the meat or milk of phthisical cattle when taken as food has ever produced a single instance of tuberculosis in the human being.

14. But we should none the less discountenance the sale of such meat or milk, since, even if they are not infectious, they are deficient in proper nutritive elements, and for this reason alone should be debarred from sale.

15. And so in the case of bovine virus, though it does not appear that any person has been rendered tuberculous, yet no vaccine virus should be held to be suitable for vaccination purposes unless proper assurances are given that the animals yielding the vaccine were in every respect free from tubercle, as determined by inspection after slaughtering.

Iodoform Insanity.—Schede has noticed that the use of iodoform has been attended with marked psychical symptoms (Chicago Medical Journal and Examiner). One type which is very noticeable among children is marked by dullness of the special senses, vomiting, and spasms of single groups of muscles. In adults Schede has on two occasions seen great mental confusion, loss of personal identity, loud singing, and violence. He has had under observation cases of melancholia attonita, also two cases of melancholia with frenzy, and three cases of simple melancholia; all arising from the use of iodoform.

Treatment of Diabetes with Bromide of Potassium.—M. Bergeron (*Journal de Médecine de Paris*) announces that he has just seen the sugar entirely disappear from the urine of a diabetic patient under fifteen days' treatment, four grams of the bromide being taken each day.

Caffeine in Cardiac Affections.—Dr. Heuchard maintains that caffeine must be given in large doses, if the desired effects are to be procured. Beginning with four to eight grains, he rapidly increases the dose to ten, to sixteen, even up to thirty grains, three or four times a day to maintain a constant effect.—*Med. News.*

Syphilitic Polyuria.—Professor Semmola, of Naples, lately described this symptom in the *Revista de Ciencias Medicas* of Barcelona.

Salicylate of soda, in ten-grain doses, is said to be a most reliable remedy in nervous headache.

HARTER'S IRON TONIC.

FORMULA. Each dram of this preparation contains 1 grain of Iron, 2 grains Calasaya Bark, 1-200 grain Phosphorus, 1 grain Coca, 1 grain Viburnum, with a sufficient quantity of vegetable aromatics, Cologne Spirits, Sugar and Distilled Water.

HARTER'S IRON TONIC is a combination of Phosphorus, Calasaya Bark, Protoxide of Iron, Erythroxyton Coca, and Viburnum, associated with the vegetable aromatics in a pleasant and agreeable form, which has been so long a desideratum with the medical profession. It is pleasant and agreeable to the taste, having none of the inky flavor so peculiar to other preparations of Iron. In a low state of the system it will be found particularly efficacious. Iron restores color to the blood, and the Calasaya gives a natural healthful tone to the digestive organs. Phosphorus is a mild stimulant to the brain and nervous system, with especial action on the kidneys, bladder, and organs of generation, both in the male and female. The Erythroxyton Coca is a powerful nervous stimulant, through which property it retards waste of tissue, increases muscular strength and endurance, and removes fatigue and languor due to prolonged physical or mental effort.

TO THE MEDICAL PROFESSION.—We will take pleasure in forwarding you, free of charge, a sample bottle of the Iron Tonic, as a trial, which is sufficient to fully establish its medicinal value.

TESTIMONIALS.

F. FORCHHEIMER, M.D.

I consider **HARTER'S IRON TONIC** an excellent remedy, both in regard to its stomachic and general effects. The combination is very felicitious, and in my experience is always followed by good results.—Cincinnati, Aug. 4, 1882.

J. B. COX, M.D.

For Female Diseases **HARTER'S IRON TONIC** is par excellence. The Combination is well adapted to Anemia accompanied with Dysmenorrhea, the good results being attributed to the Iron, Phosphorus, and Viburnum.
St. Genevieve, Mo., Aug. 10, 1882.

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I have been using **HARTER'S IRON TONIC** in my practice since 1875, and it has given me the most satisfactory results. I consider it a most excellent Tonic for general debility and nervous prostration.
Bonham, Texas, July 7, 1882.

DRS. RIPLEY & WALTON.

As a tonic for nervous prostration or exhaustion and want of vitality, **HARTER'S IRON TONIC** has never failed to do all that is claimed for it. It has given us complete satisfaction.
Philadelphia, Pa., July 5, 1882.

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I have used **IRON TONIC** in a great variety of cases. From its admirable position its use is indicated in a wide range of diseases. It gives me excellent satisfaction.
Byron, Miss., Aug. 10, 1882.

J. S. FITZGERALD, M.D.

I am constantly prescribing **IRON TONIC**, it gives such general satisfaction. Where there is an opportunity it will reconstruct the most shattered and enfeebled constitution.
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Recommended by many other physicians throughout the United States.

The **Iron Tonic** acts on the stomach and liver, increasing the appetite, assisting digestion, building up the weak, frail, and brokendown system, thereby making it applicable for dyspepsia in its various forms; loss of appetite, headache, insomnia, general debility, female diseases, want of vitality, nervous prostration or exhaustion, convalescence from fevers. It prevents impoverishment of the blood; is valuable in anemia, chlorosis, etc.

The **Iron Tonic** contains blood-making, force-generating, and life-sustaining properties, pre-eminently calculated to support the system under the exhausting and wasting process of disease, fevers, and other acute diseases, and to rebuild and recruit the tissues and forces, whether lost in the destructive march of such affections or induced by overwork, general debility in the most tedious forms of chronic diseases. It is friendly and helpful to the most delicate stomach. Does not cause nausea, constipation, or disarrange the digestive organs. Can be taken with impunity by the most delicate lady, infant, the aged or infirm, as by the sedentary student, whose system has suffered from over taxation of the brain; and where there is a fair remnant to build on, will reconstruct the most shattered and enfeebled constitution.

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FORTY-SIXTH ANNUAL ANNOUNCEMENT OF THE UNIVERSITY OF LOUISVILLE,

SESSION OF 1882 AND 1883.

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H. A. COTTELL, M.D.	Lecturer on Medical Chemistry.
W. CHEATHAM, M.D.	Clinical Lecturer on Diseases of Eye, Ear, and Throat.
L. S. McMURTRY, A.M., M.D., AND R. B. GILBERT, M.D.	Demonstrators of Anatomy.

F E E S.—Professors' Ticket, \$75.00; Matriculation Ticket, \$5.00; Practical Anatomy, \$10.00; Graduation, \$30.00 Hospital Ticket (required by the City), \$5.00.

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The Spring Session of 1883 will open March 5th, and will continue until June 1st. It includes Clinical Teaching and Pharmaceutical work in the Dispensary, systematic recitations from Text-books, by a corps of examiners who have the use of the Museum for illustration, personal manipulations in Operative Surgery, Chemistry, Histology, Ophthalmoscopy, Laryngoscopy, and Otoscopy, under the supervision of Demonstrators.

The Spring Course is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary, and does not count as a session.

The Fee for the Full Course is TWENTY-FIVE DOLLARS.

The Forty-Sixth regular Annual Session will commence on October 2, 1882, and will continue until March 1, 1883. Previous to this there will be a preliminary course of lectures free to all students, opening September 4th, and lasting until the beginning of the regular term.

The continued success of the practical exercises in Laboratories especially fitted with Beck's Microscopes, sets of Chemical Reagents, Manikins, Ophthalmoscopes, Laryngoscopes, etc., etc., has confirmed the wisdom of the Faculty in instituting these courses. Every facility and all needful apparatus will be furnished so as to make these teachings of permanent value to the student.

These special courses are optional. And it is recommended that first-course students should take Microscopy, for which a fee of \$5 will be charged, and second-course students the three other courses, for which a fee of \$10 will be charged.

It is urged upon all who seek to train their senses to the requisite degree of skill to make good diagnosticians and operators that at least one course of each of the manipulative branches be taken before applying for the degree.

CLINICAL MEDICINE AND SURGERY.

It is the determination alike of the Faculty and Trustees to secure to students that kind of information which will be most useful to them in active professional life, and it will be seen that no effort has been spared to make the University essentially a *practical and demonstrative* school.

The UNIVERSITY DISPENSARY, which is the property of the Faculty, affords great facilities to students. The building is upon the University grounds, and is open to patients and students throughout the year. It is the oldest institution of the kind in Louisville. It has obtained the confidence of the sick poor of the city, and its clinics are daily crowded with patients illustrating all varieties of disease. The advantages accruing to the University students from this source are among the chief attractions of the institution, giving them opportunities for attending cases and witnessing diseases in every phase. The Dispensary furnishes material for DAILY COLLEGE CLINICS from the following charts: Clinical Medicine, Clinical Surgery, Diseases of Women and Children, Diseases of the Heart and Lungs, and Diseases of the Eye and Ear, Diseases of the Skin, and Diseases of the Nervous System.

In addition to the daily College Clinics mentioned, two Medical and two Surgical Clinics will be held weekly in the commodious amphitheater of the CITY HOSPITAL.

The Professors of Clinical Medicine and Clinical Surgery will lecture in the Hospital during the session. In addition to the above, the abundant clinical material of SS. MARY AND ELIZABETH HOSPITAL is at the command of the University Faculty.

FREQUENT EXAMINATIONS.

Universal experience has demonstrated the paramount importance of this mode of instruction as supplemental to lectures, and the Faculty has made a special provision for it. The wisdom of this action has been abundantly shown. The Faculty therefore devote additional hours for the purpose of a general "quiz," to be conducted by themselves.

Good boarding can be procured in the vicinity of the College at from \$3.00 to \$5.00 per week, fire and light included. Students on their arrival in the city by proceeding to the University, on corner of Eighth and Chestnut Streets, within three squares of the Louisville and Nashville Railroad Depot, will find the Janitor, who will conduct them to suitable boarding-houses.

A Post-graduate Course has been organized by the Faculty, which will follow immediately upon the winter session and continue six weeks. Special instruction will be offered to practitioners in various departments of medicine and surgery.

Address,

J. M. BODINE, M.D.,

Dean of the Faculty, Louisville, Ky.



BEEF PEPTONIDS,



A CONCENTRATED POWDERED EXTRACT OF BEEF, PARTIALLY DIGESTED AND
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BEEF PEPTONIDS contains *only* the *nutritious* portions of the beef. It contains *no water* and *no inert matter* of any kind. We combine the dry Extract of Beef with an equal *portion* of Gluten to prevent a tendency to deliquesce, and in order to present the preparation in a powdered and portable form. It is well known that Gluten is the most nutritious substance found in the Vegetable Kingdom, and in nutritive elements is closely allied to Beef.

Four ounces of BEEF PEPTONIDS represents as much nutritive and stimulating properties as forty-eight ounces of the best lean Beef.

Four ounces of BEEF PEPTONIDS contains more nutritive elements than ten pounds of any extract made by Liebig's formula, and from four to six times more Albuminoids and Fibrinoids than any Beef Extract ever offered to the Medical Profession.

Our machinery and process for the production of BEEF PEPTONIDS are perfectly adapted to the *elimination* of all inert portions of the Beef, and the *retention* of all the nutritive constituents.

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The favor our preparation of BEEF PEPTONIDS received at the hands of DRs. AGNEW, HAMILTON, BLISS, REYBURN, WOODWARD, BARNES, etc., the corps of eminent Physicians who employed the preparation with so much advantage in the treatment of the late PRESIDENT GARFIELD, proves conclusively its great value, not only as a food to be taken by the mouth, but also how important an agent it has been found in feeding by the Rectum.

Please refer to the very able article of Dr. D. W. BLISS in the New York Medical Record, July 15, 1882, in which he so frequently refers to BEEF PEPTONIDS having been used to so great an advantage, not only in the case of the late PRESIDENT GARFIELD, but many others as well.

We employ a reliable and experienced person to select the Beeves before they are slaughtered, and to superintend the killing and dressing. Great care is exercised in this respect, and none except the most healthy and suitable beeves are employed in making our BEEF PEPTONIDS.

Every physician will appreciate the importance of this care, for an Extract made from diseased Beef would not only be deleterious, but would, in many cases, produce lasting injury and fatal results.

The use of BEEF PEPTONIDS is indicated as follows:

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The Alkaloids of Cinchona Bark before Isolation—Fifteen per cent of Quinia; fifteen per cent Quinidia; fifteen per cent Cinchonidia; twenty five per cent Cinchonia; and thirty per cent of Chinoidine (purified Alkaloid).

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MALTINE with Alternatives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Hypophosphites.
MALTINE with Phosphorus Comp.
MALTINE with Peptones.

MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phosphates Iron and Quinia.
MALTINE with Phosphates Iron, Quinia & Strych.
MALTINE Ferrated.
MALTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.
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